

CLAIM FOR DAMAGES

CITY OF WICHITA, KANSAS

This form is to be completed in its entirety. Return the original and one copy to the **City Clerk's Office, City Hall - 13th Floor, 455 North Main, Wichita, Kansas 67202. TWO COPIES MUST BE RETURNED TO PROCESS THE CLAIM.** In the STATEMENT OF CIRCUMSTANCES SECTION, give all information available that will answer the questions of (1) how the incident/accident happened, (2) names of other people involved, and (3) the cause. Inquiries regarding the status of claim may be directed to the Law Department, 268-4681.

Name

Telephone

Address

(City)

(State)

(Zip Code)

Date of Accident **OR** Incident

Time of Accident **OR** Incident

Location of Accident **OR** Incident

Witnesses

Amount Claimed \$

(Please itemize or attach estimate of damages or paid receipts)

STATEMENT OF CIRCUMSTANCES:

I do hereby certify that the above amount is correct, reasonable and just, and that the amount claimed therein is due and unpaid.

Date

Signature of Claimant